Annotated Quality Enhancement Plan

- The QEP is a fluid, continuous improvement process. It focuses on the correction of noncompliance and development of quality improvement activities. Participation of a BEISFS Advisor and EITA consultant in a QEP meeting will be dependent on the supports needed by the EI Program.
- The QEP for Infant/Toddler EI Programs does not need to document training dollars. Use the separate Training Expenditure Report.
- The QEP belongs to the one EI Program listed below. However, multiple EI Programs may have similar needs and may be participating in the same improvement activities or coordinating resources to achieve outcomes.
- All updates of the QEP should be sent to the BEISFS Advisor and EITA consultant as a courtesy.
- EI Programs may want to keep the QEP on Google Drive or another shared drive. This would make it easier for the QEP team to see updates and validate activities.
- The QEP form is comprised of two sections:
  - QEP Determination –Completed in response to the annual Determination findings
  - QEP Verification - Completed in response to the cyclical Verification findings
- QEP Determination should be completed and submitted by the local Infant/Toddler or Preschool EI Program no later than April 1st of each year.
- After submission of the QEP Determination, the Advisor has 15 days to approve the QEP.
- The QEP Verification should be completed and submitted following a local program's Verification. Not all programs will be required to submit a QEP Verification since verification is a cyclical process. Only programs participating in Verification each year and having a finding of noncompliance will be required to submit this portion of the QEP. Requirements and timelines for this submission are outlined in the Verification Process protocol. The review and approval of the QEP addendum will occur within 15 days of receiving the QEP from the local program.

Early Intervention Program Name: _____ Fiscal Year: _____

QEP Planning Team

Name	Role	Agency
	Advisor	Bureau of Early Intervention Services and Family Supports
	Consultant	Early Intervention Technical Assistance

The QEP is being developed/updated as a result of a:

☐ Annual Determination   ☐ Progress Review   ☐ Verification

Reminders of Important Dates

Date Determination Letter Issued	Date of QEP Development Meeting(s)	Date Determination QEP Submitted to BEISFS	Date Determination QEP Approved by BEISFS	Date(s) of Meeting(s) for Updates to QEP Part 1	Date assuring that activities to correct finding(s) have been addressed
This is the date on the Determination letter. It will typically be issued in January of each year.	This is the date(s) when the QEP planning team met to develop the QEP to be submitted to the BEISFS for approval. There may be one or multiple dates. **NOTE:** The annual QEP may not be applicable if the program meets	This is the date of when the local Program submitted Part 1 of the QEP to BEISFS. **NOTE:** The annual QEP may not be applicable if the program meets requirements in all Determination areas and there is not any	This is the date on the QEP approval letter as issued by the Advisor for approval.	This is the date(s) when the QEP was updated after being approved. It is optional depending on the needs of the plan and team. It can include multiple meeting dates.	Findings must be corrected not more than 365 days from the date of the Determination letter. Focus is on ensuring activities were completed and additional data showed increases in performance.

	requirements in all Determination areas and there is not any noncompliance identified under the Shared Leadership – Compliance outcome area.	noncompliance identified under the Shared Leadership – Compliance outcome area.			

Annotation

The QEP must be completed for any performance measure from the Determination process that is below Meets Requirements and all noncompliance that has been identified under Shared Leadership – Compliance outcome area.

If **ALL** performance measures from the Determination process meet requirements, and noncompliance is **NOT** identified under the Shared Leadership – Compliance outcomes area, a QEP is not required to be completed.

- EI Programs are encouraged to review the data used to generate the performance measures that are not in Meets Requirements. Use the data literacy tools from the Leadership page on the EITA Portal to generate critical questions and to complete further analysis of the data.
- Some findings may need to be corrected through outcomes and activities that are specific to that performance measure. Other findings may be corrected through a more global outcome and set of activities. There doesn't need to be one outcome for each finding in the Determination. The organization of the outcomes/activities is at the discretion of the EI Program.
- Correction and Validation of QEP:
  - Validation of QEP activities identified following the issuance of the Determination letter need to be validated within 365 days by the BEISFS Advisor.
  - The focus on the Validation is to ensure QEP activities were completed.
  - All noncompliance findings identified under the outcome area Shared Leadership - Compliance, through the Determination letter, will be validated through report reviews at the central office of BEISFS.

QEP Determination:
Correction of Determination Findings

Outcome # _____: *All findings from the Determination related to _____ (area) in the EI Program will be corrected within timelines.*

Activities/Steps to Reach Outcome	Target Date	Person Responsible
The improvement strategies that will allow the local Program to achieve the outcome.	For the completion of the activity.	Who is responsible for ensuring the completion of the activity?

How will progress on the outcome be measured?

Evidence	Data Source/Method	Data Review Schedule	Person(s) Responsible
What evidence or data will show that the outcome has been achieved? Identify the specific data elements needed.	Where will the Programs find the evidence needed to show that the outcome has been achieved? (e.g., specific PELICAN report, family survey, child outcome data, training evaluation, etc.) If needed, what methods will be used to develop new data? For example, will a log be developed to document the data needed or will a survey be developed?	How often or when will the data be reviewed and analyzed? This data will help the team know when they should be writing about their progress in "Description of Progress" in the section below.	Who will review and analyze the evidence/data to ensure that the outcome has been achieved?

Description of Progress in Reaching Outcome	Date activities completed to correct noncompliance
Date reviewed: This date should correspond to the "Data Review Schedule" above. Team reviewing results:	Date: The BEISFS Advisor should use this space to document that activities designed to correct the findings from the

Summary of data review:	Determination process have been completed.
The local EI Program, with the assistance of members of the planning team, is responsible for completing this section. In this section of the QEP, the team has an opportunity to describe the results of their work on correcting any findings from the Determination process. The EI Program should think of this as a "Progress Note" on meeting requirements for Determination performance measures. • During an initial QEP meeting, this section will be blank since the outcome work has just started and there is no progress to report yet. • As the team gets back together to review progress, they will write their notes about the progress in this space. This section could include: • Short summaries of data or include graphs of data. • Additional evidence/data that support that the outcome has been achieved or progress has been made. • Additional findings that might assist in the development of the next QEP or in development of additional activities for the outcome.	

Local EI Program Priority (optional)

EI Program Outcome:
Local programs may choose work on one or more additional outcomes designed to meet specific local needs. However, this is optional for the local program.

EI Programs and/or Community Partners Participating in this Outcome:

If more than one EI Program or a community partner will be jointly working on achieving this outcome, write the names of the Programs here.

We know that we've reached our outcome when:

This section should describe the criteria or target that will be used to know that the EI Program has met their goal and no longer needs to work on that goal. The criteria identified should be data-driven and measurable.

Activities/Steps to Reach Outcome	Target Date	Person Responsible
The improvement strategies that will allow the local Program to achieve the outcome.	For the completion of the activity.	Who is responsible for ensuring the completion of the activity?

How will progress on the outcome be measured?

Evidence	Data Source/Method	Data Review Schedule	Person(s) Responsible
What evidence or data will show that the outcome has been achieved? Identify the specific data elements needed.	Where will the Programs find the evidence needed to show that the outcome has been achieved? (e.g., specific PELICAN report, family survey, child outcome data, training evaluation, etc.) If needed, what methods will be used to develop new data? For example, will a log be developed to document the data needed or will a survey be developed?	How often or when will the data be reviewed and analyzed? This date will help the team know when they should	Who will review and analyze the evidence/data to ensure that the outcome has been achieved?

		be writing about their progress in "Description of Progress" in the section below.	

Description of Progress

Date reviewed:

This date should correspond to the "Data Review Schedule" on the outcome evaluation plan.

Team reviewing results:

Summary of data review:

The local EI Program, with the assistance of members of the planning team, is responsible for completing this section.

In this section of the QEP, the team has an opportunity to describe the results of their work on reaching local goals. The EI Program should think of this as a "Progress Note".

- During an initial QEP meeting, this section will be blank since the outcome work has just started and there is no progress to report yet.
- As the team gets back together to review progress, they will write their notes about the progress in this space.

This section could include:
- Short summaries of data or include graphs of data.
- Additional evidence/data that support that the outcome has been achieved or progress has been made.
- Additional findings that might assist in the development of the next QEP or in development of additional activities for the outcome.

QEP Verification Annotation:

- The QEP Verification is completed only after participating in the Verification Process. Not all Programs will be required to submit QEP Addendum each year. Only Programs participating in the Verification Process in a given year will be required to submit this portion of the QEP. Requirements and timelines for this submission are outlined in the Verification Process protocol.
- The QEP Addendum is the section of the QEP that documents the correction of findings from individual child records or instances of systemic noncompliance. If an EI Program has no findings of noncompliance after Verification, then the QEP Addendum does not need to be completed.
    - The first part of the Addendum, "Correction of Child Record Findings from Verification" describes the individual child records that must be corrected if possible.
    - The second part of the Addendum, "Correction of Other Findings from Verification" describes the outcomes and activities needed to correct systemic noncompliance. Make additional copies of this section of the QEP Addendum as needed.
- QEP teams are encouraged to review the data from the Verification findings and dig deeper to identify patterns that will help with the development of improvement activities. Use the tools from the Data Literacy page on the EITA Portal to generate critical questions and to complete further analysis of the data.
- BEISFS Advisors determine whether an issue from Verification is identified as an individual child record finding or an instance of systemic noncompliance.
- In order to validate correction of noncompliance, BEISFS Advisors review what the EI Program has investigated, validate that the correction has occurred and add the date of validation in the appropriate box.

QEP:
Verification Process

Date Verification Completed	Date of Verification Report Issued	Date Verification QEP Submitted to BEISFS	Date(s) of Meeting(s) for Updates to QEP Addendum	Validation of Verification findings due	BEISFS Validation Date
This is the date when the Verification summary meeting is held. (As scheduled every 4 years.)	This is the date on the report issued to the local Program from BEISFS with the results of their Verification. The report is sent within 45 days of the Verification summary meeting.	This is the date the local Program submitted their QEP to their Advisors following the QEP Addendum after Verification. The QEP Addendum must be submitted within 30 days from the receipt of the Verification report. The QEP addendum will be reviewed and approved by BEISFS within 15 days of receiving the QEP addendum from the local program.	This is the date(s) when the QEP Addendum was updated after being approved. It is optional depending on the needs of the plan and team. It can include multiple meeting dates.	This is the date that the Validation of the Verification finding(s) is due. Findings must be corrected not more than 365 days from the date of the Verification Report.	This is the actual date that the Validation of the Verification finding(s) occurred.

Correction of Child Record Findings from Verification

Outcome # 1: *All findings identified in <u>individual child records</u> that require correction will be completed within timelines.*

MCI # of Child Record to be Corrected	Verification Indicator Finding	Program Review Notes/Date	BEISFS Validation Date
List the MCI of the child records to be corrected here.	Identify the Verification indicator that should be corrected.	Any dates or notes about the process to correct the individual child record can be listed here.	This is the actual date that the Validation of the Verification finding(s) occurred. It should also be placed in the BEISFS Validation Date at the top of the Addendum.

Correction of Other Findings from Verification

Outcome # _____:			
Activities/Steps to Reach Outcome		**Target Date**	**Person Responsible**
The improvement strategies that will allow the local program to achieve the outcome. Make additional copies of this page as needed.		For completion of the activity.	Who is responsible for ensuring completion of the activity?

How will progress on the outcome be measured?

Evidence	Data Source/Method	Data Review Schedule	Person(s) Responsible
What evidence or data will show that the outcome has been achieved? Identify the specific data elements needed.	Where will the Programs find the evidence needed to show that the outcome has been achieved? (e.g., specific PELICAN report, family survey, child outcome data, training evaluation, etc.) If needed, what methods will be used to develop new data? For example, will a log be developed to document the data needed or will a survey be developed?	How often or when will the data be reviewed and analyzed? This date will help the team know when they should be writing about their progress in "Description of Progress" in the section below.	Who will review and analyze the evidence/data to ensure that the outcome has been achieved?

Description of Progress in Correcting Systemic Noncompliance	Date activities completed to correct noncompliance
Date reviewed: This date should correspond to the "Data Review Schedule" on the outcome evaluation plan. Team reviewing results: Summary of data review:	Date: The BEISFS Advisor should use this space to document that activities designed to correct the findings of systemic noncompliance from Verification.

The local EI Program, with the assistance of members of the planning team, is responsible for completing this section. In this section of the QEP, the team has an opportunity to describe the results of their work on correcting any findings from the Verification Process. The EI Program should think of this as a "Progress Note". • During an initial QEP meeting, this section will be blank since the outcome work has just started and there is no progress to report yet. • As the team gets back together to review progress, they will write their notes about the progress in this space. This section could include: • Short summaries of data or include graphs of data. • Additional evidence/data that support that the outcome has been achieved or progress has been made. • Additional findings that might assist in the development of the next QEP or in development of additional activities for the outcome.	